

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial) Liz Marchi		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2012	
Mailing Address 40979 Valley View Rd		Transaction ID : C8753112	
City Polson	State MT	Zip Code 59860-8350	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self employed	Occupation Marketing Finance		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		
B. Full Name (Last, First, Middle Initial) J.W. Rayder		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2012	
Mailing Address 14 oxford street		Transaction ID : C8658467	
City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Ashby Consulting, LLC	Occupation owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
C. Full Name (Last, First, Middle Initial) Bob Rowe		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2012	
Mailing Address 700 power street		Transaction ID : C8658468	
City Helena	State MT	Zip Code 59601	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 550.00	
TOTAL This Period (last page this line number only).....		_____	